



Commercial bikers (Bayanda) get their supplies, including PSI/ASF's products, in Kananga, the provincial capital, they will distribute in underserved rural areas of the province

**Advancing Social Marketing for Health in the Democratic Republic of Congo
Task Order # GHH-I-05-07-00062-00**

**Programmatic Quarterly Report
April – June 2011**

**Submitted by:
Population Services International
July 29th, 2011**



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I. Executive Summary

Organization: Population Services International (PSI)/Association de Santé Familiale (ASF)

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Program Title: Advancing Social Marketing for Health in the Democratic Republic of Congo

Agreement number: GHH-I-05-07-00062-00

Country: Democratic Republic of Congo

Time period: April – June 2011 (Q3 FY11)

Program Goal: To improve the health status of the people of the Democratic Republic of the Congo.

Program Purpose: To expand and build upon the achievements of USAID's previous social marketing programs in DRC by increasing the use of effective health products, services, and behaviors in the areas of HIV/AIDS/STI, family planning and reproductive health (FP/RH), maternal and child health (MCH) and water and sanitation.

Program Objectives: The proposed program has four main objectives:

1. Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.
2. Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.
3. Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.
4. Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.

Key success:

1. 10,917,354 male condoms and 51,200 female condoms were distributed in targeted health zones under the AIDSTAR project.
2. 43,617 COC, 39,557 injectables, 1,589 IUD, 4,142 Cycle Beads and 433 *Jadelle* were distributed to women of reproductive age in project-targeted health zones.
3. 28,158 CYPs were generated by the FP products distribution over the quarter.
4. 2,522 Clean Delivery Kits were distributed.

5. 691,754 sachets of PUR and 1,225,832 tablets of Aquatabs were distributed, to treat 31,434,180 liters of water.

II. Description of activities performed

TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.

Cross-cutting activities

1. The list of wholesalers was updated and those that were not operational in 2010-2011 were removed.
2. In routine activities, the sales team continued to create retail points of sale.
3. Rural health zones were visited in the two Kasais, Katanga and Sud-Kivu. Some junction points were identified in these provinces, and an order for promotional materials for use in rural areas was placed. We await their delivery.

HIV/AIDS/STI

1. At the beginning of Q3 FY11, there was a quantity of 20,008,821 male condoms and 699,800 female condoms ready for distribution. During this quarter 9,999,000 Prudence[®] male condoms were received from USAID. A quantity of 12,430,800 Prudence[®] male condoms was shipped to Katanga, Bas-Congo, Sud-Kivu, Province Orientale, Equateur, Kasai Occidental and Kasai Oriental provinces. At the end of this quarter, there are 19,026,303 Prudence[®] male condoms in PSI/ASF's warehouses throughout the targeted sites. Female condoms have already been packaged and have been transferred to different points of sale throughout the country. A quantity of 140,400 Prudence[®] female condoms was shipped to Katanga, Bas-Congo, Sud-Kivu, Province Orientale, Equateur, Kasai Occidental and Kasai Oriental provinces.
2. The following table highlights the distribution of male condoms by province during Q3 FY11 and the inventory on hand at the end of June 2011:

Male Prudence	Distribution	Stock available, end of June 2011
KINSHASA	3,490,425	12,552,921
KATANGA	2,604,118	2,354,324
BAS-CONGO	924,210	338,580
SUD-KIVU	1,264,680	934,200
PROVINCE ORIENTALE	233,640	846,360
EQUATEUR	0	540,000
KASAI OCCIDENTAL	1,567,061	481,078
KASAI ORIENTAL	833,220	978,840
TOTAL	10,917,354	19,026,303

3. During the reported period, only Kinshasa distributed 51,200 female condoms.

Family Planning

1. With the *Confiance* network expansion in the provinces of Kinshasa, Katanga, Bas-Congo, Sud-Kivu and both Kasais, 25 new clinics and 97 pharmacies have included FP services in their package of activities aimed at providing counseling and modern contraceptive methods to the target population. This network expansion followed several steps, including signing a memorandum of understanding describing contract terms and the series of FP providers' training sessions which also included concerned health zones' supervisors.

Thanks to the important involvement from PNSR's provincial coordinations, a total of 50 clinics' providers (2 participants per targeted clinic) and 97 pharmacy providers successfully completed the basic FP training in accordance with the national standards contained in the national training module.

2. Apart from frequent visits to partner service delivery points (and trained providers) conducted by PSI/ASF's provincial staff in the areas of intervention, satisfactory national supervisions took place during this quarter in Katanga, Bas-Congo, Sud-Kivu and both Kasais to ensure the smooth running of activities at the operational level. For Province Orientale and Equateur provinces, these visits will be conducted at the beginning of the next quarter as part of the national team's contribution to maintaining service quality across the *Confiance* network.

Supervisions jointly conducted by PSI/ASF's local staff, provincial PNSR and some targeted health zones marked this period. Their goal was, not only to support trained providers in their daily activities, but also to strengthen the existing collaboration with the government in order to achieve the assigned objectives to benefit the target population.

3. During the quarter, the distribution of *Confiance* products in the existing network was limited to a few modern contraceptive methods due to the absence of two types of pills (Combined Oral Contraceptive and progestin-only). Due to the stock out of oral contraceptives in PSI/ASF's warehouses, the distribution network had none, and that affected the free choice of clients attending partner structures.

The integration process of the *Jadelle* implant in the clinics distribution channel began in February 2011 and was successful considering the number (433) of acceptors recorded during the quarter. Efforts are still being made at different project sites and through the Hotline to popularize the availability of *Jadelle* in the network clinics.

The table below shows the contribution of each of the provinces targeted by the project in achieving distribution objectives, from April to June 2011.

Province	COC	POP	Injectable	IUD	CycleBeads	Jadelle
Kinshasa	12,738	0	6,401	960	2,924	35
Katanga	15,540	0	10,150	20	369	133
Bas-Congo	1,515	0	3,520	25	22	7
Sud-Kivu	8,580	0	10,920	427	0	137
Kasaï Occidental	3,414	0	1,776	100	287	70
Kasaï Oriental	0	0	3,780	27	366	51
Nord-Kivu	0	0	0	0	0	0
Province Orientale	0	0	1,050	30	88	0
Equateur	0	0	1,960	0	86	0
Maniema	1,830	0	0	0	0	0
TOTAL	43,617	0	39,557	1,589	4,142	433

4. This quarter, 28,158 CYPs were generated from *Confiance* products: 43,617 Oral Contraceptives, 39,557 3-month injectables, 1,589 IUD, 4,142 Cycle Beads and 433 *Jadelle*. This distribution represents PSI/ASF's contribution to the prevention of unwanted pregnancies among the target group, thus improving the contraceptive prevalence in DRC.
5. As for the registration of new products (Combination-3 and Microlut) to replace Oral Contraceptives (Duofem and Ovrette) that the project is running short of, the process is underway (according to information received from Ethica, Bayer Schering's focal point with the 3rd Direction of the MoH). However, so as to overcome Duofem's stock out, the distribution of Microgynon (available in PSI/ASF's warehouses) proposed by USAID was not possible due to Bayer's lack of renewed approval for its distribution in DRC (*Autorisation de Mise sur le Marché* or AMM).

In anticipation of securing the AMM certificate for these new products, PSI/ASF, through its communication department, is finalizing the development of *Confiance* packaging models for packing Combination-3 and Microlut. This follows Bayer Schering Pharma's official correspondence to PSI/ASF authorizing the overbranding of its contraceptives, namely: Microgynon, Combination-3 and Microlut.

Maternal & Child Health

CDK

1. At the beginning of the reported period, a quantity of 3,869 CDKs (*Délivrants*[®]) were in stock. During Q3 FY11, 2,522 CDKs were distributed in all of the provinces covered by PSI/ASF.
2. The following table highlights the distribution of *Délivrants*[®] by province during Q3 FY11, and the inventory on hand at the end of June 2011:

DELIVRANS	Distribution	Stock available, end of June 2011
Kinshasa	10	6,284
Katanga	247	11
Bas-Congo	28	247
Sud-Kivu	0	0
Nord-Kivu	0	0
Province Orientale	0	0
Equateur	29	0
Kasaï Occidental	1,106	46
Kasaï Oriental	1,050	750
Maniema	52	0
TOTAL	2,522	7,338

DTK

1. The DTK procurement process was launched during Q2FY11 in order to purchase a total of 357,617 pre-packaged kits, including 3,576,170 dispersible tablets of Zinc (20mg) and 734,340 low-osmolarity orange-flavored ORS. The manufacturer was selected after a bidding process. Before starting production, PSI submitted the source/origin and pharmaceutical waiver to USAID and to date, it is not yet obtained. As soon as the waiver is available, the manufacturing of *Ora-Zinc*® will begin, and the samples and technical documents will be provided shortly thereafter to launch the registration process.
2. The DTK providers' training curriculum was designed and developed. A workshop for its approval by the MoH is scheduled in late July.

Water and Sanitation

1. From April to June 2011, a total of 691,754 sachets of PUR and 1,225,832 tablets of Aquatabs were distributed in USAID-targeted provinces and provincial capitals (Kinshasa, Katanga, Sud-Kivu, Bas-Congo, Province Orientale, Equateur, Maniema, Kasaï Occidental and Kasaï Oriental). PUR and Aquatabs were distributed to health centers, pharmacies, retailers, wholesalers, NGOs and households. For household distribution, PSI/ASF's sale agents created demand and directed customers to existing and new points of sale.
2. 4.4 million sachets of PUR, purchased with P&G funding, were cleared; 2.2 million were tested and are in the process of shipment to the field and 2.2 million more are undergoing testing.
3. The 6.6 million Aquatabs tablets clearing process is ongoing. Meetings with the MoH were held to address the issue, and we hope to complete the process by early Q4 FY11.
4. During Q3 FY11, 341 new PUR and Aquatabs points of sale were created in the targeted provinces.
5. The following tables highlight the distribution of products by province during Q3 FY11, and the inventory on hand at the end of June 2011:

PUR	Distribution	Stock available, end of June 2011
Kinshasa	137,400	5,631,022
Katanga	33,620	1,360,707
Bas Congo	24,960	154,320
Sud Kivu	66,309	325,285
Kasaï Occidental	93,568	36,802
Kasai Oriental	106,908	171,732
Province Oriental	89,520	69,456
Equateur	48,504	596,400
Maniema	90,965	0
TOTAL	691,754	8,345,724

AQUATABS	Distribution	Stock available, end of June 2011
Kinshasa	355,552	3,999,034
Katanga	104,960	268,936
Bas Congo	59,520	115,840
Sud Kivu	220,592	231,957
Kasaï Occidental	79,768	400,128
Kasaï Oriental	68,568	95,752
Province Orientale	193,600	187,256
Equateur	18,480	401,322
Maniema	124,792	0
TOTAL	1,225,832	5,700,225

Task 1 Indicators: Situation as of end Q3FY11

	INDICATORS ¹	Year 2 Targets	Year 2 Achievement (numbers)	Year 2 Achievement (%)	Comments
1	Number of male condoms distributed through the USG funded social marketing programs	30,712,971	19,788,161	64.4	Year 2 target is the sum of remaining Year 1 condoms (5,712,971) and original contract year 2 target (25,000,000). Important distribution efforts are being made and the target will be reached by the end of Q4 FY11.
2	Number of female condoms distributed through the USG funded social marketing programs	700,000	51,200	7.31	The late delivery of condoms by USAID and the necessary steps to make the condoms ready for distribution (sampling, testing, packaging, and shipping) drastically delayed the distribution.
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	60,000,000	77,154,050	128.59	A significant amount of POU products were distributed in emergency situations by NGOs (25%).
5	Number of clean delivery kits distributed through the USG funded social marketing programs	30,000	5,303	17.67	CDK communication campaign and the increase of the product availability by increasing the production are underway. A new short film production is being finalized and will be aired in Q4 FY11 to boost the distribution.
6-1	Number of cycles of oral contraceptives (COC) distributed through the USG funded social marketing programs	850,000	399,718	47	Stock out of Duofem. Combination-3 is not yet available to replace Duofem as proposed by USAID.
6-2	Number of cycles of oral contraceptives (POP) distributed through the USG funded social marketing programs	150,000	0	0	Stock out of Ovrette. We received Microlut from USAID in Q4 FY10 and are still waiting for product registration.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	200,000	132,417	66.20	Distribution will continue.
8	Number of IUDs distributed through the USG funded social marketing programs	2,500	2,523	101	Distribution will continue.
9	Number of Cycle Beads distributed through the USG funded social marketing programs	6,000	5,908	98.46	Distribution will continue.
10	Number of implants distributed through the USG funded social marketing programs	1,300	455	35	Effort will be made during Q4 FY11 to boost the distribution. Important distribution efforts are being made and the target will be reached by the end of Q4 FY11.

TASK 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.

Cross-cutting activities

1. In order to get the general population and women in particular to know about the female condom, a transparent and open bidding process was launched and an agency to create the Prudence[®] female condom campaign was identified and the contract signed. The agency is now finalizing this campaign which is to start next quarter. Moreover, in order to better position the Prudence[®] male condom, distinguish it from other condoms and increase its sales in different points of sale throughout DRC,

¹ Any missing indicator in the table has no target to be reported for year 2 project.

another agency is preparing a new branded campaign. This campaign too is being finalized and will be launched next quarter.

2. In addition, a campaign on Prudence® male and female condoms based on old existing spots was launched from May 26th to June 18th, 2011 in Kinshasa and all provinces backed by USAID through this project. In total, 39 radio and TV channels were involved, airing these spots 7,474 times: 6,096 times on radio and 1,378 others on TV. Consultants were hired in all the provinces to monitor the effective broadcasting of these spots by local channels.

HIV/AIDS/STI

1. Partner NGOs were identified in collaboration with Social Impact, our partner. NGOs were notified of their selection, terms of reference and collaboration agreements were discussed, and the process of signing them is underway. A total of 10 NGOs will work with PSI/ASF during the current year. Kinshasa and Bas-Congo will start with one NGO each, whereas the other provinces will work with two NGOs each for implementing activities with different target groups, namely: youth, police, military, miners, professional sex workers, truckers and PLWHs.
2. Thanks to the contribution of these newly selected NGOs, PEs' selection took place, and their training according to target groups were conducted with the support of the National AIDS Program (PNLS) and the Multi-sector National AIDS Program (PNMLS) in all provinces, from April 25th to May 15th, 2011.
3. Materials concerning the advanced-strategy condoms distribution, namely hats, bags for bikers to carry commodities, bibs for bikers, were ordered and are expected to be delivered in the next quarter. Once delivered, they will enable the beginning of product distribution activities in rural areas.
4. Behavior change communication activities with target groups and the general population also started in this quarter.

Family Planning

1. USAID's validation of branded FP spot, which occurred in late May 2011, led to the finalization of the media plan for media placements in targeted provinces which are to start at the beginning of the upcoming quarter in order to increase access to information on FP among the reproductive-age population.
In addition, television and radio broadcasts hosted by PSI/ASF's local staff, backed by field providers, aired testimonials of current FP service and product users to discourage rumors about modern contraception methods and increase the rate of new acceptors.
2. So as to support this media campaign on FP and make FP messages permanent in partner clinics, PSI/ASF gives TV sets with DVD players along with other necessary materials to all partner clinics for the continued broadcasting of the *Confiance* spot and the existing short film

on FP for clients, patients or any other person waiting for any service in the partner clinic.

3. A total of 136,962 persons were reached with messages on FP and on the condom dual protection in preventing STI/HIV/AIDS and unwanted pregnancies in the areas of intervention during interpersonal communication activities such as open houses, educational talks and home visits. The details of persons sensitized during this period are shown in the table below:

Number of people reached through FP interpersonal communication, by province
(April-May-June 2011 – Q3 FY11)

Province	Men	Women	Total
Kinshasa	15,033	41,283	56,316
Katanga	4,551	25,877	30,428
Bas Congo	1,344	5,221	6,565
Sud Kivu	473	11,734	12,207
Province Orientale	1,093	2,992	4,085
Equateur	963	7,893	8,856
Kasaï Occidental	3,926	12,162	16,088
Kasaï Oriental	526	1,891	2,417
Total	27,909	109,053	136,962

4. The community-based educators' participation in the Hotline's operation through its two freephone numbers (+243 81 080 00 00 and +243 99 300 30 01) helps convey correct and confidential information on FP and refer potential users to the *Confiance* network's clinics and pharmacies for adequate support. During the quarter, a total of 3,837 calls were received, among which over 73% were from men. The Hotline seems to be a particularly effective tool to reach more men in order to get them involved in RH/FP.

The following table shows the origin of calls received at the Hotline during the period running from April to June 2011.

Number of calls received by FP hotline, by province
(April-May-June 2011 – Q3 FY11)

Province	Calls		Total
	Men	Women	
Kinshasa	443	496	939
Katanga	991	147	1,138
Bas-Congo	121	56	177
Sud-Kivu	94	32	126
Nord-Kivu	96	39	135
Province Orientale	117	39	156

Equateur	168	63	231
Kasaï Occidental	283	62	345
Kasaï Oriental	206	29	235
Maniema	212	20	232
Bandundu	85	38	123
Total	2,816	1,021	3,837

5. Counseling sessions focused on the importance of FP and the proper use of service and modern contraceptive methods revealed that 22,391 clients had received in-depth messages in the *Confiance* network's clinics, as shown in the table below. This framework of exchanges on FP conducted by trained providers shows that 2,850 men followed the clinical counseling, demonstrating men's special interest in birth spacing and prevention of unwanted pregnancies.

Number of people reached through FP counseling visits, by province
(April-May-June 2011 – Q3 FY11)

Province	Men	Women	Total
Kinshasa	1,216	7,527	8,743
Katanga	257	2,289	2,546
Bas Congo	379	2,457	2,836
Sud Kivu	38	1,205	1,243
Province Orientale	196	455	651
Equateur	32	498	530
Kasaï Occidental	602	4,679	5,281
Kasaï Oriental	130	431	561
Total	2,850	19,541	22,391

6. Of all clients taken care of in partner service delivery points during this quarter, there were 7,255 new FP clients recorded for using modern contraception, 5,798 of them were women and 1,457 men. During this period, condoms remained the most preferred method.

Number of new clients recruited, by province
(April-May-June 2011 – Q3 FY11)

Province	Q3 FY11	
	Men	Women
Kinshasa	37	1,099
Katanga	471	560
Bas-Congo	35	355

Sud-Kivu	74	304
Province Orientale	73	125
Equateur	0	1,119
Kasaï Occidental	597	1,934
Kasaï Oriental	170	302
Total per sex	1,457	5,798
Total	7,255	

7. In the implementation of activities during the April-June 2011 quarter, 34 meetings were organized by PSI/ASF's provincial staff for service providers to exchange on the progress of their activities in terms of success, difficulties faced in providing FP services, products and solutions. These meetings, organized in collaboration with PNSR and the concerned Health Zones' management teams, aimed at building these providers' capacity to deliver quality service.

Maternal & Child Health

CDK

The CDK "Creative Brief" was designed and completed. Bidding process to select the agency to produce a short film for MVU and a new poster was launched in early Q3 FY11 and the production process is ongoing. The first drafts were provided to PSI/ASF. The pre-testing with the targeted population and the approval by the MoH (Programme National de Santé de la Reproduction) and USAID are scheduled in July before diffusion starts. Both the short film and the radio spot will be aired at the same time to increase the communication impact.

DTK

1. The bidding process to identify and select the agency for the DTK (Ora-Zinc[®]) communication campaign concept creation was launched in early Q3 FY11. The agency was selected, started the creation and will deliver the Exe-ready-for-production printed promotional materials and ready-for-diffusion radio/TV spots with a short film for MVU in July after pre-testing by the targeted population and the MoH and USAID approvals.
2. The Diarrhea "Creative Brief," that will enable the generic communication campaign launch and especially providers' flipcharts production, was completed in early Q3 FY11 and bidding process to select the agency was launched immediately after. The agency was selected, started the creation and will deliver the Exe-ready-for-production diarrhea prevention and treatment promotional materials, providers' flipcharts and the radio/TV spot ready for diffusion in July.
3. The community-based educators (CBE) training curriculum on diarrhea treatment, water, and sanitation was produced. A workshop with the MoH for its completion and approval is scheduled in Q4 FY11 before the launch of the new diarrhea treatment kit (Ora-Zinc[®]). The CBEs will be provided with a diarrhea prevention and treatment training package.

Water and Sanitation

1. A total of 481 interpersonal communication (IPC) sessions were conducted by communication agents in local markets, mobile video units, health clinics (during ante and post-natal sessions), churches and schools; and by community volunteers, with door to door sensitization. A total of 56,196 people, including mothers and caregivers with children under five, students, etc., were reached.
2. 1,000 radio spots, 400 TV spots, 22 radio talks and 1 TV show with messages related to safe drinking water, hygiene and sanitation promotion were aired through both rural and urban radio/TV stations for behavior change communication and demand creation.
3. The PUR children cartoon, produced with P&G funding and approved by the MoH during a workshop held at PSI/ASF's national office will be aired in August during the summer holidays so as to reach as many children as possible. This communication tool will promote both point of use water treatment with PUR and hygiene.
4. The training curriculum for community-based educators (CBE) on water, sanitation and diarrhea treatment was produced. A workshop with the MoH, for its completion and approval, is scheduled in August before the launch of the new diarrhea treatment kit (*Ora-Zinc*[®]). The CBEs will be provided with a diarrhea prevention and treatment training package.
5. The bidding process to identify and select the agency for the PUR, Aquatabs and Hygiene new communication campaign concept creation was launched in early Q3 FY11. The agency was selected and started the creation process. The Exe-ready-for-production printed promotional materials and ready-for-diffusion radio/TV spots will be delivered to PSI/ASF by the selected agency in early Q4 FY11 after the approval of the MoH and USAID. Meanwhile, the existing TV and radio spots were aired so as to maintain behavior change communication and demand creation.
6. Thanks to a Pooled Fund project in 3 rural Health Zones in Maniema (Lubutu, Obokote and Salamabila), IPC activities and radio spots broadcasting were done to expand household water treatment activities. It was the same situation in Mbandaka with P&G funding in 2 Health Zones (Wangata and Mbandaka). These two projects closed at the end of June.
7. The cholera outbreak is effective in Equateur, Bandundu and Kinshasa since the end of Q3 FY11. PSI/ASF, in partnership with the MoH and other partners involved in the WATSAN field (Unicef, MSF, WHO, Red Cross, etc.) scheduled sensitization activities with the community leaders (churches' leaders, ports' leaders, markets' leaders, etc.) in exposed and affected health zones in Mbandaka (Wangata and Mbandaka Health Zones) and Kinshasa (Maluku 1, Kingabwa, Barumbu, Ngaba and so on). Cholera prevention messages (handwashing, water treatment before drinking, safe water storage, latrine use and cleaning and other hygienic behaviors) and treatment messages (leading the identified and suspected patients to the treatment centers, rehydration, etc.) were selected for the sensitization activities.

Task 2 Indicators: Situation as of end Q3FY11

	INDICATORS	Year 2 Targets	Year 2 Achievement (numbers)	Year 2 Achievement (%)	Comments
12	Number of people reached during HIV/AIDS activities who are oriented to VCT site	4,364	1,313	30	This indicator will be boosted in Q4 FY11.
13	Number of individuals reached with individual and/or small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	17,717	14,631	82.58	To be continued.
14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	14,286	8,790	61.53	To be continued.
15	Number of targeted condom service outlets	6,000	5,626	94	Points of sale are cumulative.
16	Number of individuals who participated in communitywide event focused on HIV/AIDS	200,000	41,602	20.80	This indicator will be boosted in Q4 FY11.
17	Number of media outlets including HIV/AIDS messages in their program	48	39	81.25	To be continued.
18	Number of media broadcasts that promote responsible sexual behavior	20,160	7,474	37	To be continued.
19	Number of peer educators who successfully completed an in-service training program	300	300	100	Achieved.
20	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	199	196	98.49	3 pharmacies did not respond to the invitation about the training.
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (Depo provera)	68	68	100	Each service delivery point has at least 1 of the two most used contraceptives (injectables and oral) included in the <i>Confiance</i> products.
22	Numbers of people reached during outreach activities promoting the use of water purifier products	300,000	239,061	79.68	To be continued.
24	Numbers of service delivery points for social marketing delivery kits	400	481	120.25	All partners (clinics, pharmacies) in <i>Confiance</i> network sell CDK.
25	Percentage of delivery points reporting stock-out of water purifier at any time	30	0	100	No stock out has been reported to the project.

TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.

Cross-cutting

1. The financial audit was initiated during this quarter and it is in progress. The final report is due in the next quarter.
2. The selection of 10 NGOs for the current year was successfully conducted with the collaboration of our partner, Social Impact. Here they are:

For Katanga province:

- ✓ Dynamique des Femmes pour le Développement du Congo (DFDC)
- ✓ Association des Jeunes Intellectuels Solidaires (AJIS)

For Kasai-Oriental province

- ✓ Centre Féminin de Formation et d'Information pour le Développement (CEFIDE)

For Kasai-Occidental province

- ✓ ONG Women's Muakaji

For Sud-Kivu province

- ✓ Umoja Wa Manawake Wakulima Ya Kusini (UWAKI)
- ✓ TRASI

For Bas-Congo province

- ✓ Bureau Femmes et Familles de l'Eglise du Christ au Congo-Bas Congo (BFF/ECC)
- ✓ Association pour la Promotion des Vulnérables et Appui à la Mobilisation des Actions Communautaires (APROVEMAC)

For the province capital city of Kinshasa

- ✓ Réseau National des ONG pour le Développement de la Femme en RDC (RENADEF)
- ✓ Centre de Développement et d'Appui à la Formation Professionnelle (CEDAPRO)

HIV/AIDS/STI

1. PSI/ASF's sale agents continued to carry out visits to wholesalers and points of sale to check product availability and merchandising, to verify the respect of price structure, and to inform new clients on site.
2. PSI/ASF continues to maintain the new distribution approach, taking into account wholesalers, semi wholesalers and retailers, following the fast moving consumer goods channel, with targeted promotion and advertising.
3. From June 1st to June 3rd, 2011 US Ambassador in DRC visited USG-funded activities in Bas-Congo province. In this context, he visited PSI/ASF and ProVIC, both of them USG-supported partners operating in the health sector, in the implementation of their activities. His emphasis was on collaboration between the two organizations and coordination of their activities in the field. Thus, he visited their joint activities in Kinza-Mvute, where PSI/ASF deals with sensitization and clients' referral to mobile testing centers held and organized by ProVIC. In addition to other activities he took part in, such as the inauguration of ProVIC's mobile testing centers, he also focused on the involvement of PSI/ASF-sensitized MARPs. Happy with the visit, he encouraged both teams to closely work together for the province population's well being. Then, he set the example by getting himself and his wife tested in front of press and all who were present.
4. As part of PSI/ASF's staff capacity building, scheduled in the project, an STTA was conducted in June for HIV and Marketing departments. This capacity building focused on these points:

1. Review the DELTA marketing process for both male and female condoms and contribute to completing the marketing plan
2. Reinforce the HIV department strategies and interventions in liaison with new HIV priorities, high quality IPC activities, and training curriculum
3. Assess existing training modules for peer educators/community-based agents and supervisors and give clear recommendations to improve these documents, in liaison with project objectives and logical framework

Maternal & Child Health, and Water and Sanitation (nothing to report)

Task 3 Indicators: Situation as of end Q3FY11

	INDICATORS	Year 2 Targets	Year 2 Achievement (numbers)	Year 2 Achievement (%)	Comments
28	Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	10	10	100	The institutional capacity building of selected NGOs is scheduled in the next quarter.

TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.

Cross-Cutting

1. A meeting was held on Thursday May 19th, 2011 on PSI/ASF's premises with the COTR, the COP and PSI/ASF's technical teams. It dealt with the PEPFAR audit's recommendations (review of recommendations from the last HIV Audit, discuss feedback from the audit team and improvements to be made to the program), the monitoring of activities planned in Q3 (review of the work plan and assessment of planned activities implementation level) and commodities issues.
2. As part of the basic training provided to new-site service providers, PSI/ASF closely worked with all PNSR's provincial coordinations involved in the *Confiance* network's expansion in preparing and effectively conducting training sessions.
3. PSI/ASF attended the Comité Intersectoriel de Lutte contre le Choléra (CILC) weekly meetings, along with the Comité National d'Action Eau et Assainissement (CNAEA), the Ministry of Health (4th Direction), and UNICEF. The cholera prevention and treatment strategy was the main topic of discussion.
4. PSI/ASF hosted the April, May and June WATSAN cluster monthly meetings under UNICEF's lead. Cholera and other items, such as Round One of the 2011 Pooled Fund allocation, were discussed. The WATSAN partners and some of the Pooled Fund donors' representatives (ECHO, UNDP) were present.

- PSI/ASF attended the CNAEA “Water and Sanitation Open Days” held from May 25th to May 27th, 2011 to monitor the achievement of the WATSAN MDG in DRC as of 2015. DRC still has a long way to go before achieving the water and sanitation MDG which is 49% as of 2015. To date, only 26% of Congolese have access to safe drinking water and 14% have access to sanitation. The lack of safe water and sanitation leads to the spreading of waterborne diseases including cholera.
- From June 10th to June 17th, 2011, PSI/ASF was part of a joint mission to Kisangani conducted by PEPFAR-USG implementing partners to analyze gaps so as to coordinate HIV project expansion activities. Following this mission, they developed a joint action plan and presented it to the government.

Task 4 Indicator: Situation as of end Q3 FY11

	INDICATOR	Year 2 Targets	Achievement Project Q3 (numbers)	Achievement Project Q3 (%)	Comments
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	93	83	89.24	To be continued.

Research, Monitoring and Evaluation

HIV/AIDS/ST

- Kinshasa and Bukavu’s HIV TRaC results are available and at the disposal of the program for any beneficial use. Their dissemination is scheduled in the next quarter, first to USAID and later on to other partners.

Maternal & Child Health

- The results of the PUR and Aquatabs TRaC studies funded by Pooled Fund, UNICEF and P&G in Goma, Kindu, Mbandaka, Kinshasa and Kananga were produced and will be used to perform waterborne disease prevention activities in the future.

III. Project Management

- The PEPFAR audit on HIV data was conducted from April 13rd to April 22nd, 2011 in Kinshasa and Matadi. This audit mainly drew our attention to the delay we have as far as indicators are concerned, the fact that BCC activities have not yet begun, and finally the OK threat.
- The PSI/WCA Region Retreat took place from June 7th to June 10th, 2011 and focused mainly on two points: marketing and the upcoming five year strategic plan. Through this program, PSI’s General Management encouraged all of the platforms that were represented to engage in more compliance and internal control strengthening in order to properly manage donors’ funds, thus serving vulnerable populations more efficiently. Apart from the new momentum generated by this regional retreat as well as lessons learned from other countries, PSI/ASF has among other things taken the following resolutions in order to further improve its interventions in the AIDSTAR project implementation for the remaining time frame, thus increasing the impact on health:
 - Strengthen its sales teams’ capacity and make them more professional by evaluating them and

paying them based on their performance in the field so that PSI/ASF can reach and even exceed the project distribution targets;

-Strengthen its provincial teams' capacity in marketing by leveraging annual retreats and supervision missions, with the ultimate goal of helping them improve the quality of behavior change communication activities and increase distribution;

-Increase exchanges with wholesale and retail partners through meetings and site visits in order to learn more about their concerns in connection with stock flows and promotion and to find immediate solutions.

3. On May 19th, 2011, review of PEPFAR audit's recommendations with the USAID team as well as monitoring the status of indicators.
4. Technical support to the HIV program took place in June.
5. On June 15th, 2011, USAID, the government party, PSI/ASF and ProVIC made a site visit together to meet champion communities in Masina and Kingasani in order to prepare data collection on community-based educators' work to find a response to difficulties they face in the exercise of their function.

IV. Problems /Challenges faced during the reporting period

1. The total stock out of Oral Contraceptives (Duofem and Ovrette) observed in PSI/ASF's main warehouse impacts clients' free and informed choice, one of the major FP principles. And surely, this will not allow us to reach the target.
2. The distribution of Microgynon and Microlut which are available in PSI/ASF's main warehouse is compromised by the slow registration process.
3. CDK's stock has to be built up at the national and provincial levels.

V. Environmental Mitigation (IEE)

1. For the benefit of new service providers who joined the *Confiance* network during the last quarter, special sessions on "National Procedures on Management of Generated Biomedical Waste" were held during the training sessions that were conducted. During these workshops, one of the modules that was developed was the handbook entitled: "*Data Sheet for Injections and Samplings Safety, and Biomedical Waste Management.*"
2. During on-site visits and regular meetings with clinicians, the provincial FP staff regularly reiterates the national policy on biomedical waste management. PSI/ASF's provincial staff is making the handbook entitled "*Data sheet for injections and samplings safety, and biomedical waste management*" available in FP clinics for a continual application of this procedure in dealing with such waste.
3. PSI/ASF's local staff in charge of clinical supervision ensures regular supply of bins to the network clinics for collecting used needles and other waste generated by IUD or implant insertion. This approach offers more security to service providers while working, since it reduces the risk of handling such waste before their reaching the clinic incinerator, and it also generally contributes to environmental protection.

4. IEE regulations were reiterated to the *Confiance* network providers during ongoing long lasting FP methods training. Guidelines for assuring IEE requirements are met in *Confiance* clinics have also been added to newly revised Quality Assurance checklists to be used by FP staff for partner site visits.
5. Condoms: Proper disposal of condoms, in a designated garbage can or latrine, is included in all community-based actors' trainings and condom messaging, including IEC and condom packaging.

VI. FP and HIV policy compliance

USAID's regulations in delivering FP services and products were the focus of discussions during the series of expansion-site providers' basic training so as to familiarize them with the TIAHRT Amendment in view of expected results in their FP service delivery.

VII. Planned activities versus progress (table)

See next page.

FY 2011 Workplan for the Advancing Social Marketing for Health in DRC																
	Activity	People concerned by trips	2011												Responsible	
			APR				MAY				JUN					
			W1	W2	W3	W4	W1	W2	W3		W1	W2	W3	W4		
A	Program Administration															
A-1	General															
A-1-1	Meeting with USAID for work plan presentation															
A-2	Trainings and Conferences															
A-2-1	WCA Regional Bi-annual PSI conference / DRC-Dakar / 6 people	1- CR, Nestor Ankiba 2- COP, Didier Adjoua 3- Director of Administration and Finance, Hery Ramangalahy 4- Monitoring and Evaluation Specialist, Gode Mpanya 5- HIV/TB Manager 6- Behavior Change Communication Specialist											X		Achieved	
A-2-2	PSI/ASF Staff Exchange visits / DRC-Cameroon / 2 people	1- PSI/ASF HIV Technical Advisor, to Cameroon 2- PSI/Cameroon HIV Technical Advisor, to DRC													1. Achieved 2. Postponed in Q4 FY11	
A-2-3	PSI/ASF Staff Exchange visits / DRC-Nigeria / 1 person	Marketing and Logistics Technical Advisor, Dipoko Degrande													Postponed in Q4 FY11	
A-2-4	PSI/ASF Staff Exchange visits / DRC- Zambia / 1 person	COP, Didier Adjoua													Postponed in Q4 FY11	
A-2-6	USAID Seminars / DRC-TBD / 2 people	1- COP, Didier Adjoua 2- M&E Specialist, Gode Mpanya										X			Replaced by A-2-2 which was not budgeted and we are still waiting for USAID's confirmation	
A-2-7	Management and Leadership Training / DRC - Ivory Coast and Washington, DC / 2 people	1- CR, Nestor Ankiba, to Ivory Coast 2- COP, Didier Adjoua, to Washington, DC)						X							1. Achieved 2. Postponed in Q4 FY11	
A-3	Procurement/Equipment															
A-3-3	Procure vehicles and motos for program activities														Ongoing	
A-3-4	Procure MVU equipment for communications activities														Ongoing	
A-4	Technical Assistance Travel															
A-4-3	HIV Technical assistance trip / Washington DC - DRC / 1 person	PSI/W HIV Technical Advisor, Brian Pedersen													Achieved	
A-4-4	FP Technical Assisatnce trip / Washington - DRC / 1 person	PSI/W Family Planning Technical Advisor, Maxine Eber		X											Postponed in Q4 FY11	
A-4-5	MCH/Watsan Technical Assistance trip / Washington -DRC / 1 person	PSI/W MCH/Watsan Technical Advisor, Megan Wilson								X					Postponed in Q4 FY11	
A-4-6	Research technical assistance trip / Washington - DRC / 1 person	PSI/W Qualitative surveys expert, Megan Kays													Achieved (Joseph Inungu)	
A-4-8	Social Impact / Washington DC-DRC / 1 trip	Jasques Katula													Ongoing	
A-5	Other Travel															
A-5-2	Home Leave / DRC-Madagascar	Finance and Administration Specialist, Hery Ramangalahy + 2 dependents											X	X	Achieved	
B	TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.															
B-1	Cross-Cutting Activities															
B-1-1	Build capacity of distributors/networks to move social marketing products		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-1-2	Update the list of wholesalers as partners														Ongoing	
B-1-3	Create new points of sale and confirm existing		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-1-5	Disseminate integrated sales materials		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-1-6-4	Distribute social marketed products in all rural target zones		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-1-6-5	Supervise bikers and junction points in each province		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-1-8	National supervisions to provinces, and sales teams' capacity building											X	X		Ongoing	
B-1-9	Internal supervisions at provincial levels				X				X				X		Ongoing	
B-2	HIV/AIDS/STI Activities															
B-2-1	Product															
B-2-1-2	Socially market 30,712,971 male condoms		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-2-1-3	Socially market 700,000 female condoms		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-2-1-5	Sample, Test and Package male and female condoms		X	X											Achieved	
B-2-1-6	Ship condoms to provinces		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-2-1-7	Conduct focus group on male condom types to assess the need to change current male condom specificities (color, odor)														Postponed in Q4 FY11	
B-2-2	Price															
B-2-2-1	Evaluate male condom current price and price grid														Postponed in Q4 FY11	
B-2-3	Placement/Distribution															
B-2-3-1	Distribute socially marketed male and female condoms (private sector, distribution network, wholesalers, semi wholesalers, retailers including pharmacies)		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-2-3-2	Identify female friendly condom distribution outlets like hair dressing/ beauty shop for women		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-2-3-3	Identify new commercial outlets and maximize product availability and visibility in hot spots (rural and urban)		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	

C Task 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and malaria and to build an informed, sustainable consumer base.													
C-1	Cross-Cutting Activities												
C-1-2	Place mass media campaigns for all products			X	X	X	X	X	X	X	X	X	Ongoing
C-1-3	Collaborate with USAID-funded communications efforts			X	X	X	X	X	X	X	X	X	Ongoing
C-1-4	Engage with community influencers and leaders (e.g. schools and churches chiefs, local leaders, etc.) to generate community-level acceptance as well as correct and consistent use of products.			X	X	X	X	X	X	X	X	X	Ongoing
C-2	HIV/AIDS/STI Activities												
C-2-1	Promotion/Communication												
C-2-1-1	Use branded point-of-sale materials, community events and outreach channels to announce availability and increase awareness & visibility of private and community outlets stocking social marketed male and female condoms.			X	X	X	X	X	X	X	X	X	Ongoing
C-2-1-2	Develop partnerships with/train local associations, local NGOs to promote safer sex behaviors and ensure effective reach of targeted populations			X	X	X	X	X	X	X	X	X	Ongoing
	Place and distribute branded communication materials to raise consumer awareness (mass media, IPC community-reach, print)			X	X	X	X	X	X	X	X	X	Ongoing
C-2-1-4	Collaborate with other partners in intervention areas in communications efforts to ensure complementary messaging.			X	X	X	X	X	X	X	X	X	Ongoing
C-2-1-6	Conduct peer counseling sessions (IPC) and outreach mass communication sessions (MVU, etc)			X	X	X	X	X	X	X	X	X	Ongoing
C-2-1-7	Air existing and new radio and TV spots (may include Delayed Debut spot ABCD, Rien que la verité clip and documentary, youth video clip, Trusted partner, female and male condom spots, Pincez Deroulez, VCT promotion spot)					X	X	X	X				Just female and male condoms spot
C-3	Family Planning Activities												
C-3-1	Promotion/Communication												
C-3-1-1	Develop/disseminate branded point-of-services materials for FP brands			X	X	X	X	X	X	X	X	X	Ongoing
C-3-1-2	Air spots (produced with Dutch SALIN 2010 funds) to the TV			X	X	X	X	X	X	X	X	X	Ongoing
C-3-1-3	Air FP spots and films in the clinics of Confidence Network			X	X	X	X	X	X	X	X	X	Postponed in Q4 FY11
C-3-1-4	Conduct Inter personal communication and community mobilization by community-based agents			X	X	X	X	X	X	X	X	X	Ongoing
C-3-1-5	Ensure availability of two FP hotlines (Ligne verte)			X	X	X	X	X	X	X	X	X	Ongoing
C-3-1-6	Incorporate HIV/STI messages into FP communications and training			X	X	X	X	X	X	X	X	X	Ongoing
C-3-1-7	Promote real-life stories from satisfied FP users to tackle rumors			X	X	X	X	X	X	X	X	X	Ongoing
C-3-1-8	Ensure complementary messaging with other USAID programs			X	X	X	X	X	X	X	X	X	Ongoing
C-3-2	Training/Capacity Building/Meeting												
C-3-2-2	Regular technical meetings with pharmacies and clinics partners				X			X			X		Ongoing
C-4	Maternal & Child Health Activities												
C-4-a	ORS/Zinc Activities												
C-4-a-1	Promotion/Communication												
C-4-a-1-1	Produce, pre-test, place DTKs promotional materials including radio and tv spot according to PNLMD Policy)			X	X	X	X	X	X	X	X	X	Postponed in Q4 FY11
C-4-b	CDK Activities												
C-4-b-1	Promotion/Communication												
C-4-b-1-1	Air existing CDKs radio and tv spot			X	X		X	X	X	X	X		postponed in Q4 F11
C-5	Water and Sanitation Activities (PUR and Aquatabs)												
C-5-1	Promotion/Communication												
C-5-1-1	Raise additional funds to expand Household Water Treatment activities			X	X	X	X	X	X	X	X	X	Ongoing
C-5-1-2	Develop comprehensive, integrated multi-channel communication (mass media, IPC community-reach, print)			X	X	X	X	X	X	X	X	X	Ongoing
C-5-1-2-1	Produce new TV and Radio spot for Aquatabs												Ongoing
C-5-1-2-2	Placement PUR and Aquatabs TV and radio spots (1 existing spot for PUR and 1 new spot for Aquatabs)			X	X		X	X	X	X	X		Ongoing
C-5-1-2-3	Produce, pre-test and finalize PUR children cartoon			X	X	X	X	X					Achieved
C-5-1-2-4	Air PUR Children cartoon (produced with P&G funding)								X	X			Postponed in Q4 FY11
C-5-1-2-5	Develop and present community theatre around safe water, sanitation and hygiene for diarrhea prevention.			X	X	X	X	X	X	X	X	X	Ongoing
C-5-1-2-6	Conduct IPC activities by communications agents in local markets, mobile video units, health clinics, pharmacies, churches and schools and by community volunteers in households with door to door sensitizations.			X	X	X	X	X	X	X	X	X	Ongoing
C-5-2	Training/Capacity Building												
C-5-2-1	Design training for committee volunteers and partners for Household Water Treatment and Hygiene												Postponed in Q1 FY12
C-5-2-2	Train community volunteers (Relai communautaire) to provide referrals for HWT and hygiene												Postponed in Q1 FY12

D	TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.															
D-1	Cross-Cutting Activities															
D-1-1-2	Conduct Annual External Audit												X	X	X	Ongoing
D-1-1-3	Hold ASF Board Meeting												X			Postponed in Q4 FY11
D-2	All health domains															
D-2-1	NGOs/Associations/ community workers with reinforced capacities carryout communication activities including MVU towards target populations		X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
D-2-2	Inform private sector distributors of social marketing products sensitize and efficiently social market products in rural areas		X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
D-3	Maternal & Child Health Activities															
D-3-3	Turn over kit production to chosen company							X	X	X	X	X	X	X	X	Postponed in Q4 FY11
E	TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.															
E-1	Cross-Cutting Activities															
E-1-1	Hold strategic planning meetings with USAID			X				X					X			Ongoing
E-1-2	Integrate/harmonize interventions across PSI/ASF health areas		X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
E-1-3	Develop strong linkages and coordination with other USG-funded projects										X					Ongoing
E-1-4	Provincial coordination meetings with gov't partners, NGOs and associations													X		Ongoing
E-1-5	Participate in technical groups meetings at national and provincial levels													X		Ongoing
E-2	Capacity Building & Assessments															
E-2-1	Select 20 local associations for capacity building															Achieved
E-2-2	Conduct Capacity Assessments with local NGOs															Achieved
E-2-3	Develop curriculum for local NGOs															Ongoing
E-2-4	Train identified local NGO for institutional development		X													Postponed in Q4 FY11
F	Research, Monitoring and Evaluation															
F-1	Cross-Cutting Activities															
F-1-2	Dissemination of MAP survey results															Postponed in Q4 FY11
F-2	HIV/AIDS															
F-2-1	HIV TRaC Survey															Achieved
F-3	Maternal and Child Health															
F-4	Family Planning															
F-4-1	Mystery Client Surveys for FP points of sale and service delivery												X	X	X	Postponed in Q4 FY11
F-5	Reporting															
F-5-1	Quarterly Technical progress Reports Submitted (+30)					X										Ongoing
F-5-2	Quarterly Financial Reports Submitted (+45)							X								Ongoing
F-5-3	Year 1 Technical Report Submitted (+30)															
F-5-4	Year 1 Financial Report Submitted (+30)															
F-5-5	Subcontracts															
F-5-5	Technical and Financial progress Reports Submitted (+15 after each period)		X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing

VIII. Key activities and challenges for the next quarter (table)

FY 2011 Workplan for the Advancing Social Marketing for Health in DRC																											
	Activity	People concerned by trips	2011																								Comments / challenges
			APR				MAY				JUN				JUL				AUG				SEPT				
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	
A	Program Administration																										
A-1	General																										
A-2	Trainings and Conferences																										
A-2-1	WCA Regional Bi-annual PSI conference / DRC-Dakar / 6 people	1- CR, Nestor Ankiba 2- COP, Didier Adjoua 3- Director of Administration and Finance, Hery Ramangalahy 4- Monitoring and Evaluation Specialist, Gode Mpanya 5- HIV/TB Manager 6- Behavior Change Communication Specialist											X														
A-2-6	USAID Seminars / DRC-TBD / 2 people	1- COP, Didier Adjoua 2- M&E Specialist, Gode Mpanya								X																	
A-2-7	Management and Leadership Training / DRC - Ivory Coast and Washington, DC / 2 people	1- CR, Nestor Ankiba, to Ivory Coast 2- COP, Didier Adjoua, to Washington, DC)						X																			
A-3	Procurement/Equipment																										
A-4	Technical Assistance Travel																										
A-4-1	Management supervision trip / Washington - Washington DC-DRC	Karl Hofman, PSI President, CEO													X												
A-4-2	Program Management Supervision trip / Washington -DRC / Regional Director	Regional Director, Moussa Abbo																									
A-4-3	HIV Technical assistance trip / Washington DC - DRC / 1 person	PSI/W HIV Technical Advisor, Brian Pedersen																									
A-4-4	FP Technical Assisatnce trip / Washington - DRC / 1 person	PSI/W Family Planning Technical Advisor, Maxine Eber		X																							
A-4-5	MCH/Watsan Technical Assistance trip / Washington -DRC / 1 person	PSI/W MCH/Watsan Technical Advisor, Megan Wilson								X																	
A-4-6	Research technical assistance trip / Washington - DRC / 1 person	PSI/W Qualitative surveys expert, Megan Kays																									
A-5	Other Travel																										
A-5-2	Home Leave / DRC-Madagascar	Finance and Administration Specialist, Hery Ramangalahy + 2 dependents									X	X															
A-5-3	R&R / DRC-Paris	COP, Didier Adjoua + 3 dependents												X	X												
A-5-4	R&R / DRC-Paris	Finance and Administration Specialist, Hery Ramangalahy + 2 dependents																									
A-5-5	Relocation / DRC-Cameroon	Marketing and Logistics Technical Advisor, Dipoko Degrande + 1 dependent															X										
B	TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery																										
B-1	Cross-Cutting Activities																										
B-1-1	Build capacity of distributors/networks to move social marketing products		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
B-1-3	Create new points of sale and confirm existing		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
B-1-5	Disseminate integrated sales materials		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
B-1-6-4	Distribute social marketed products in all rural target zones		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
B-1-6-5	Supervise bikers and junction points in each province		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
B-1-7	Planning workshops with programmatic departments and provinces																									X	
B-1-8	National supervisions to provinces, and sales teams' capacity building										X	X											X	X			
B-1-9	Internal supervisions at provincial levels			X			X				X				X			X				X			X		

B-2	HIV/AIDS/STI Activities
B-2-1	Product
B-2-1-2	Socially market 30,712,971 male condoms
B-2-1-3	Socially market 700,000 female condoms
B-2-1-4	Procure male and female condom packaging material
B-2-1-5	Sample, Test and Package male and female condoms
B-2-1-6	Ship condoms to provinces
B-2-2	Price
B-2-3	Placement/Distribution
B-2-3-1	Distribute socially marketed male and female condoms (private sector, distribution network, wholesalers, semi wholesalers, retailers including pharmacies)
B-2-3-2	Identify female friendly condom distribution outlets like hair dressing/ beauty shop for women
B-2-3-3	Identify new commercial outlets and maximize product availability and visibility in hot spots (rural and urban)
B-3	Family Planning Activities
B-3-1	Product
B-3-1-1	Socially market 1,000,000 Ocs
B-3-1-2	Socially market 200,000 injectable contraceptives
B-3-1-3	Socially market 2,500 IUDs
B-3-1-4	Socially market 6,000 CycleBeads
B-3-1-5	Socially market 1,300 implants
B-3-1-6	Procure conceptive products packaging material
B-3-1-8	Ship products to provinces
B-3-2	Placement/Distribution
B-3-2-1	Distribute Conifiance contraceptives through Conifiance private sector network of partner clinics, pharmacies and wholesalers partners
B-4	Maternal & Child Health Activities
B-4-a	Product: CDKs
B-4-a-1	Product
B-4-a-1-1	Establish an increased and sustainable production system
B-4-a-1-2	Distribute 30,000 CDKs at cost-recovery (for PSI/ASF)
B-4-a-2	Price
B-4-a-2-1	Willingness to pay surveys to assess affordability
B-4-a-3	Placement/Distribution
B-4-a-3-1	Distribute CDKs through wholesalers, retailers, clinics and Conifiance sites
B-4-a-3-2	Follow-up on distribution of CDKs by new commercial sector agents
B-4-a-3-3	Sell CDKs to NGOs/int'l Organizations for subsidized/free delivery in rural sites (outside of cost-recovery distribution circuit)
B-4-b	Product: Diarrhea Treatment Kits (DTK)
B-4-b-1	Product
B-4-b-1-3	Procure low osmolality flavored 1-litre sachets ORS and 20 mg 10 tablet Zinc blisters
B-4-b-1-4	Register DTK to the MOH
B-4-b-1-6	(1)Develop, (2)pre-test and (3)purchase DTK packaging
B-4-b-1-7	Package DTKs by selected firm and prepare distribution
B-4-b-1-8	Launch DTK nationwide

[illegible]

[illegible]

Challenges

Family Planning

1. Following up on the process of getting the AMM certificate for these contraceptives: Combination-3/Microgynon and Microlut to replace current Oral Contraceptives for which there is a stock out.
2. Ship new medical materials and equipments to be given to FP partner clinics in the provinces of intervention. They will receive these materials through an official ceremony to be organized locally with the involvement of the provincial government authorities and project implementation partners.

IX. Annexes

IX.1- Project indicators

Annex A: Product Distribution Targets

Annex A: Product Distribution Targets						
	PRODUCTS	YEARS				TOTAL
		1	2	3	4	
HIV	Male Condoms	20,000,000	25,000,000	30,000,000	32,000,000	107,000,000
	Female Condoms	500,000	700,000	1,000,000	1,200,000	3,400,000
FP	Oral Contraceptives	700,000	1,000,000	1,200,000	1,500,000	4,400,000
	Depo-Provera (3-month)	100,000	200,000	200,000	250,000	750,000
	IUD	2,000	2,500	2,750	3,000	10,250
	Cycle Beads	4,000	6,000	6,000	6,200	22,200
	Implants	500	800	1,200	1,500	4,000
MCH / WS	Clean Delivery Kits	20,000	30,000	0	0	50,000
	ORS+Zinc Diarrhea Treatment Kit	0	0	1,250,000	1,500,000	2,750,000
	PUR	1,000,000	2,000,000	2,000,000	2,000,000	7,000,000
	Aquatabs	1,150,000	2,000,000	2,000,000	2,100,000	7,250,000

Annex B: Annual Performance Milestones

Annex B: Annual Performance Milestones							
INDICATORS		YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	Comments/Assumptions
Task 1: Increase supply and diversity of health services and products							
1	Number of male condoms distributed through the USG funded social marketing programs	20 000 000	25 000 000	30 000 000	32 000 000	107 000 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and previous project achievements.
2	Number of female condoms distributed through the USG funded social marketing programs	500 000	700 000	1 000 000	1 200 000	3 400 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and previous project achievements.
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	33 000 000	60 000 000	60 000 000	62 000 000	215 000 000	Based on quantities planned. Year 1 target is based on previous project last year achievement. Year 2, 3 and 4 targets have been updated, based on year 1 achievements. Concurrent interventions of other NGOs in same health zones are anticipated to decrease targets in year 3 and 4. Expected results are based on other donors supplying products.

4	Number of Diarrhea Treatment Kits containing 2 low-osmolarity flavored ORS sachets plus a 10-blister pack of zinc distributed through the USG funded social marketing programs	0	0	1 250 000	1 500 000	2 750 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and similar project achievements in other PSI countries.
5	Number of clean delivery kits distributed through the USG funded social marketing programs	20 000	30 000	0	0	50 000	Based on quantities planned. Quantities for years 3 and 4 will be distributed by the private company to be identified, according to the work plan. Additional market analysis will be carried out in year 1 to critically assess the feasibility to turn CDK promotion and distribution into a formal private company.
6	Number of cycles of oral contraceptives distributed through the USG funded social marketing programs	700 000	1 000 000	1 200 000	1 500 000	4 400 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	100 000	200 000	200 000	250 000	750 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements. Year 2 target has been updated, based on year 1 achievements

8	Number of IUDs distributed through the USG funded social marketing programs	2 000	2 500	2 750	3 000	10 250	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
9	Number of cyclebeads distributed through the USG funded social marketing programs	4 000	6 000	6 000	6 200	22 200	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements. Year 2 target has been updated, based on year 1 achievements.
10	Number of implants distributed through the USG funded social marketing programs	0	1 300	1 200	1 500	4 000	Based on universe of needs calculation (including estimated impact of the project on product used-related behavior change). Year 2 target has been updated, as there was no distribution in year 2 due to registration issue.
11	Couple-years of protection (CYP) in USG-supported programs	103 607	140 217	155 825	190 650	590 299	Based on year 1 achievements, and expected family planning products availability.
Task 2: Increase the awareness of and demand for health products and services							
12	Number of people reached during HIV/AIDS activities who are oriented to a VCT site	0	4 364	4 800	5 280	14 445	National reference is 11% for this activity (DHS 2007). Project efforts will increase this target to 15% of people reached during AB and OP promotion.
13	Number of individuals reached with individuals/small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	0	17 717	19 488	21 437	58 642	Year 2 targets are based on previous project achievements. A 10% yearly progression is anticipated. Targets are related to available budget.

14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	0	14 286	15 714	17 286	47 286	Year 2 targets are based on previous project achievements. A 10% yearly progression is anticipated. Targets are related to available budget.
15	Number of targeted condom service outlets	1 800	6 000	6 250	6 500	6 500	Previous project achievement was 1,500 condom service outlets. Targets are based on the extension planning of condom service outlets network in Health Zones. Years 2, 3 and 4 targets have been updated, based on year 1 achievements. Cumulative indicator.
16	Number of individuals participated in community-wide event focused on HIV/AIDS	0	200 000	300 000	400 000	900 000	Year 2 targets are based on previous project achievements. Yearly progression is anticipated. Targets are related to available budget.
17	Number of media outlets including HIV/AIDS messages in their programs	0	48	20	15	48	Based on budget available. Each TV and radio station used for messages airing is considered as one media outlet, and is counted only once. Cumulative indicator.
18	Number of media broadcasts that promote responsible sexual behavior	0	20 160	1 800	1 350	23 310	Based on budget available. Special efforts will be made in year 2 because (1) no activities were carried on in year 1 due to budget constraints, (2) budget will be reduced in year 3 and 4, (3) year 2 is key to drive sustainable behavior change for following years.
19	Number of peer educators who successfully completed an in-service training program	0	300	300	0	600	Based on budget available.

20	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	0	199	0	0	199	Dutch SALIN funded newly established <i>Confiance</i> clinics (30) and pharmacies (69) will be incorporated into the USG funded network in year 2. Additionally, New clinics (25) and pharmacies (75) will be integrated in <i>Confiance</i> network and supported with USG funding in year 2.
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (depo provera)	100	68	45	45	45	Contingent upon consistent product supply from the donor. Indicator has been corrected, based on USAID's list of indicators..
22	Number of people reached during outreach activities promoting the use of water purifier products	50 000	300 000	250 000	200 000	800 000	Based on past achievements.
23	Number of people reached during outreach activities promoting the use of ORS sachets to treat diarrhea	0	0	100 000	125 000	225 000	Based on estimated quantities of product to be distributed.
24	Number of service delivery points social marketing delivery kits	200	400	0	0	400	Years 1 and 2 are based on current levels of distribution and existing service delivery points. In years 3 and 4, product will become commercially marketed by a private company. Additionnal market analysis will be carried out in year 1 to critically assess the feasibility to turn CDK promotion and distribution into a formal private company.
25	Percentage of service delivery points reporting stock out of water purifier at any time	40%	30%	20%	15%	15%	Based on anticipated project efforts. In year 1, wholesalers were considered as service delivery points. For year 2, 3 and 4, the indicator is corrected: service delivery points are retailers.
26	Percentage of service delivery points reporting stockouts of ORS/zinc tablets at any time	—	—	60%	40%	40%	Based on anticipated project efforts.
Task 3: Develop and/or enhance the ability of commercial/private sector entities to social market health products and services including behavior change communication activities							
27	Number of socially marketed health products or services transitioned to the private sector	0	0	1	0	1	Based on project work plan.
28	Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	0	10	8	2	20	Based on project work plan.
Task 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community level through joint planning with GDRC, other USG and non-USG partners							
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	60	93	110	110	373	Based on budget available, and past experience on coordination.

IX.2- Inventory on hand: stock

The table below highlights PSI/ASF's current stock levels for each product in each targeted province of the project.

Provinces	HIV Products		FP Product						MCH Products	Watsan Products	
	Prudence Male	Prudence Female	COC	POP	Injectable	IUD	Cycle Beads	Jadelle	Delivrans	PUR	AQUATABS
Kinshasa	12 552 921	508 200	-	-	113 620	735	98 447	125	6 284	5 631 022	3 999 034
Katanga	2 354 324	50 400	-	-	1 900	200	19	67	11	1 360 707	268 936
Bas-Congo	338 580	-	-	-	15 870	121	1 093	91	247	154 320	115 840
Sud Kivu	934 200	30 000	-	-	19	97	250	363	-	325 285	231 957
Nord Kivu	NA	NA	-	-	-	-	-	-	-	NA	NA
Province Orientale	846 360	-	-	-	1 260	1	300	-	-	69 456	187 256
Equateur	540 000	-	-	-	1 460	-	114	-	-	596 400	401 322
Kasai Occidental	481 078	-	-	-	4 774	14	180	30	46	36 802	400 128
Kasai Oriental	978 840	60 000	10	-	1 140	273	-	149	750	171 732	95 752
Maniema	-	-	-	-	-	-	-	-	-	-	-
Total	19 026 303	648 600	10	-	140 043	1 441	100 403	825	7 338	8 345 724	5 700 225

IX.3- Travel plan for the next quarter

Trips planned for past quarter and reported for Q4 FY11:

Trip subject	Person	Place	Anticipated period	Codes
PSI/ASF Staff Exchange Visits/DRC-Cameroon/2 people	PSI/Cameroon HIV Technical Advisor,-1 person	DRC		A-2-2
PSI/ASF Staff Exchange visits	Marketing and Logistics Technical Advisor, Dipoko Degrande- 1 Person	Nigeria	September 2011	A-2-3
PSI/ASF Staff Exchange visits	COP, Didier Adjoua- 1 person	Zambia		A-2-4
Management and Leadership Training	2. COP, Didier Adjoua,- 1 person	Washington, DC		A-2-7
Management Supervision Trip	Karl Hofman, PSI President and CEO, - 1 person	DRC	July 2011	A-4-1
Program Management Supervision Trip	Peter Clancy, PSI Executive Vice-President and COO, - 1 person	DRC	July 2011	A-4-2
FP Technical Assistance	Maxine Eber, PSI/W FP Technical Advisor	DRC	September	A-4-3
MCH/WATSAN Technical assistance trip/ Washington DC	PSI/W MCH/WATSAN technical Advisor,- 1 person	DRC	July 2011	A-4-5
Relocation	Dipoko Degrande, Marketing and Logistics Technical Advisor	Cameroon	Postponed	A-5-5

IX.4- List of Acronyms

AIDS	: Acquired Immune Deficiency Syndrome
AMM	: Autorisation de Mise sur le Marché
ASF	: Association de Santé Familiale
BCC	: Behavior Change Communication
CDK	: Clean Delivery Kit
CILC	: Comité Intersectoriel de Lutte contre le Cholera
CNAEA	: Comité National d'Action Eau et Assainissement
COC	: Combined Oral Contraceptive
COP	: Chief of Party
COTR	: Contracting Officer's Technical Representative
CR	: Country Representative
DHS	: Demographic and Health Survey
DTK	: Diarrhea Treatment Kit
DRC	: Democratic Republic of Congo
FH	: Food for the Hungry
FMCG	: Fast Moving Consumer Goods
FP	: Family Planning
FY	: Fiscal Year
GDRC	: Government of DRC
HIV	: Human Immune deficiency Virus
IEC	: Information, Education and Communication
IPC	: Interpersonal Communication
IUD	: Intra Uterine Device
MAP	: Mesure de l'Accès et de la Performance
MCH	: Maternal and Child Health
MoH	: Ministry of Health
MVU	: Mobile Video Unit
No	: Number
NGO	: Non-Governmental Organization
OC	: Oral Contraceptive
OFOG	: Overseas Financial Operations Group
ORS	: Oral Rehydration Solution
P&G	: Procter and Gamble
PEPFAR	: (US) President's Emergency Plan for AIDS Relief
PLWHA	: People Living With HIV/AIDS
PMEP	: Performance Monitoring and Evaluation Plan
PNLMD	: Programme National de Lutte contre les Maladies Diarrhéiques
PNLS	: Programme National de Lutte contre le Sida
PNMLS	: Programme National Multisectoriel de Lutte contre le Sida
PNSR	: Programme National de Santé de la Reproduction
POP	: Progestin-Only Pill
POU	: Point of Use
ProVIC	: Projet de lute contre le VIH Intégré au Congo
PSI	: Population Services International
Q	: Quarter
RH	: Reproductive Health
STIs	: Sexually Transmitted Infections

STTA	: Short Term Technical Assistance
TRaC	: Tracking Results Continuously
TV	: Television
UNICEF	: United Nations Children's Fund
USAID	: United States Agency for International Development
USG	: United States Government
VCT	: Voluntary Counseling and Testing
W	: Week
WATSAN	: Water and Sanitation
WCA	: Western and Central Africa